The Commonwealth of Massachusetts
Massachusetts Animal Fund
251 Causeway Street, Suite 500
Boston, MA 02114

Animal Control Officer Designation 2020

Municipality:

In accordance with Massachusetts General Laws Chapter 140, Section 151(a), the mayor of each city and the board of selectmen of each town shall annually designate an animal control officer, who may be a police officer or constable. The mayor or board of selectmen shall immediately submit to the commissioner the names, addresses, and dates of hire of such animal control officers. Please complete or make necessary changes to this form and return to the above address.

Please submit one form for each person designated by February 1, 2020.

☐ This ACO is still employed by our municipality   ☐ This ACO is no longer employed by our municipality
 ☐ This ACO is employed by multiple municipalities (a form must be filled out for each) ☐ This is an additional ACO
☐ This ACO is contracted to cover ACO duties by our municipality ☐ Other, please explain_____

Animal Control Officer

Name:	
Municipal Address:	
Municipal Phone:	
Secondary Phone: (For Emergencies)	
Municipal Email	
Alternate Email (Please * if private)	
Title.:	
Terms:	
Date of Hire:	

Animal Control Officer (Note all changes here)

Name:	
Municipal Address:	
Municipal Phone:	
Secondary Phone: (For Emergencies)	
Municipal Email	
Alternate Email (Please * if private)	
Title.:	
Terms:	
Date of Hire:	

Supervisor

Name:	
Title	
Municipal Dept.:	
Address:	
Phone:	
Email:	

Supervisor (note all changes here)

Name:	
Title	
Municipal Dept.:	
Address:	
Phone:	
Email:	

Animal Holding Facility Information

☐ Municipal ☐ Shared Regional ☐Private	Animals Housed: ☐ Dogs ☐Cats ☐ Other _____
Name of Facility:	Address:
Municipality has an adoption program ☐ Yes ☐ No	Municipality transfers to private shelter ☐ Yes ☐ No

By signing this form I certify that the above animal control officer has been designated by our municipality to perform the duties described in M.G.L. Chapter 140, Section 151 for the year 2019.

Supervisor Signature_____Printed Name_____Date_____